

Library
URBAN DISTRICT OF STANLEY

— * —

ANNUAL REPORT

of the

Medical Officer of Health

(A. L. TAYLOR, M.D., Ch.B., D.P.H.)

and the

Sanitary Inspector

(D. WALKER, Cert. R.S.I., A.R.S.I., M.S.I.A.)

1954

WAKEFIELD :

W. H. MILNES (SUCCRS.) LTD.

STANLEY URBAN DISTRICT COUNCIL.

ANNUAL HEALTH REPORT.

STATISTICAL MEMORANDA FOR 1954.

Area in Acres	...	...	...	5,169
Registrar General's Estimate of Population for 1954				16,750
Number of Inhabited Houses, 1954, according to Rate Book	...	...	...	5,245
Rateable Value, Year commencing 1.4.54			...	£69,060
Net Product of Penny Rate, Year commencing 1.4.54				£266

VITAL STATISTICS IN 1954.

				M.	F.	Total
Live Births.						
Legitimate	...	...	...	122	99	221
Illegitimate	...	...	...	2	5	7
		Total	...	124	104	228
Still Births.						
Legitimate	...	...	...	4	3	7
Illegitimate	...	...	...	—	—	—
		Total	...	4	3	7

Birth Rate.

Birth Rate (live and still) per 1,000 of the estimated resident population (corrected)	...	13.75
--	-----	-------

Deaths.

				M.	F.	Total
All Ages	...	...	...	79	66	145
Death Rate per 1,000 of the estimated resident population (corrected) ...						8.65

	M.	F.	Total
Deaths of Infants under 1 year ...	6	5	11
Death Rate of Infants under 1 year:—			
All Infants per 1,000 live births ...			48·2
Legitimate Infants per 1,000 legitimate live births ...			45·2
Illegitimate Infants per 1,000 illegitimate live births ...			142·8
Deaths from Diarrhoea (under 2 years of age)			Nil.
Rate per 1,000 population ...	...		0·0
Rate per 1,000 live births ...	...		0·0
Deaths from Measles (all ages) ...	...		Nil.
Deaths from Whooping Cough (all ages) ...	...		1
Deaths from Cancer (all ages) ...	...		24
Maternal Mortality.			
Deaths ...	...	...	Nil.
Rate per 1,000 (live and still) births ...	...		0·0

**RECORD OF DEATHS IN AGE GROUPS,
1954.**

<i>Age</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Under 1 year ...	6	5	11
1—5 years ...	1	—	1
5—10 „ ...	—	—	—
10—15 „ ...	—	—	—
15—20 „ ...	—	—	—
20—25 „ ...	1	—	1
25—35 „ ...	4	1	5
35—45 „ ...	2	1	3
45—55 „ ...	5	6	11
55—65 „ ...	22	12	34
65—70 „ ...	7	11	18
70—75 „ ...	12	8	20
75—80 „ ...	14	16	30
80—85 „ ...	4	4	8
85—90 „ ...	1	2	3
Over 90 years... ..	—	—	—
Total ...	79	66	145

Principal Vital Statistics for the year 1954.

				Urban District (Stanley)	Aggregate of Urban Districts	Aggregate of Rural Districts	West Riding Admin. County	England and Wales
Population	..	..	..	16,750	1,162,000	438,000	1,600,000	*
Births	{	Males	..	124	8,837	3,657	12,494	*
		Females	..	104	8,203	3,467	11,670	*
		Total	..	228	17,040	7,124	24,164	*
Deaths	{	Males	..	79	7,667	2,292	9,959	*
		Females	..	66	7,078	2,042	9,120	*
		Total	..	145	14,745	4,334	19,079	*
Deaths under one year	{	Males	..	6	287	114	401	*
		Females	..	5	196	80	276	*
		Total	..	11	483	194	677	*
Still Births	{	Males	..	4	248	87	335	*
		Females	..	3	217	90	307	*
		Total	..	7	465	177	642	*
Total Live and Still Births				235	17,505	7,301	24,806	*
					CRUDE	RATES.		
Birth (Live)	..	..	.	13·6	14·7	16·3	15·1	15·2
Death (All causes)	..	..	..	8·7	12·7	9·9	11·9	11·3
Infective and Para. Dis. excl. Tub. but incl. Syph. & other V.D.				0·12	0·07	0·08	0·08	*
Tuberculosis—Respiratory				0·24	0·18	0·12	0·16	0·16
Tuberculosis—Other				—	0·01	0·02	0·02	0·02
Tuberculosis—All Forms				0·24	0·19	0·14	0·18	0·18
Cancer				1·43	2·12	1·70	2·01	2·04
Vascular lesions of Nervous system				1·61	2·03	1·33	1·84	*
Heart and Circulatory Diseases				2·51	4·88	3·64	4·54	*
Respiratory Diseases				0·90	1·27	1·08	1·22	*
Maternal Mortality				—	0·80	1·10	0·89	0·69
Infant Mortality				48·2	28·3	27·2	28·0	25·5
Stillbirth				29·8	26·6	24·2	25·9	23·4

* Figures not available.

All the Maternal Mortality Rates quoted in this Schedule are per 1,000 Live and Still Births.

Stanley Urban District Council.

ANNUAL REPORT

OF THE

Medical Officer of Health, 1954.

*To the Chairman and Members of the
Stanley Urban District Council.*

Mr. Chairman and Gentlemen,

The Annual Report for the year 1954 will follow closely the outline of its predecessors. I think you will find that the information contained herein in most respects discloses a satisfactory state of affairs. One or two disappointments have to be reported and these, I hope, will prove to be of a temporary nature and to have no permanent significance.

I intend, once again, to give the figures and facts relating to the Divisional Health Service, as these are of great significance and interest to the members of the constituent authorities.

No outstanding epidemic occurred and the general level of social and environmental conditions was adequately maintained. Never before in my experience has the general standard of living reached so high a level, and this in spite of steadily rising costs. No family need now sink below a reasonable standard of subsistence. The only exception to the above generalisation is in the case of certain elderly people whose sole income is derived from the Old Age Pension. They are suffering from a steady diminution in the value of the £, and many of them have been driven to seek National Assistance in order to eke out. In some instances it is noted with regret that families do not do all that they might to ease the lot of their elderly relatives. This is a state of affairs which is being experienced throughout the country and is by no means more prevalent in your area than elsewhere. Nevertheless, it is a factor to be deplored.

My relations with yourselves have retained their customary warmth and friendliness. For my part, I have tried to give the fullest information and to investigate any point you raised. Relationships with the Clerk of the Council and with the officials have been of the happiest. A special word of appreciation to Mr. Walker for his valuable help throughout the year must be given. His work has reflected a steadily increasing grasp of public health matters and a responsible and restrained control.

I remain, Gentlemen,

Yours faithfully,

A. L. TAYLOR,

Medical Officer of Health.

COMMENTS ON STATISTICAL DATA.

The one great disappointment of the year is the rise in the Infantile Mortality Rate. This now stands at 48·2 per thousand live births. You will remember that last year I sounded a warning that in dealing with a small number of births, a variation of only a few infantile deaths can cause a marked swing in the index per thousand. Thus, as against last year's small total of 5 infantile deaths, this year 11 are recorded. In one case, I regret to say that owing to a complete absence of preparation for the birth of the infant, the Maternity Services were given no opportunity to help, and the death must be considered absolutely avoidable. One death occurred from Whooping Cough, which is of deadly gravity in children under one year of age. Here again, with universal immunisation against this disease, it is possible to look forward to the final removal of this cause. For the rest, 7 deaths were associated with prematurity or with congenital defects. There is no suggestion that any of these cases failed to survive as a result of any neglect or omission of any special care or attention. It is the duty of every Local Authority to analyse the causes leading to infantile mortality, and to do what is possible to remedy any defects, administrative or otherwise, which may come to light. This will be done in your area and I hope to be able to report a more satisfactory state of affairs next year.

The corrected death rate for 1954, at 8·65 per thousand of the resident population, is far and away the lowest ever recorded.

The deaths are overwhelmingly due to the degenerative conditions associated with old age, such as cancer, heart disease and disorders of the circulatory system.

No maternal death was recorded and one must again express satisfaction in the high standards of obstetrical care prevailing nowadays. No mother need be without the most expert obstetrical advice and help and any failure to avail herself of these must be placed squarely on the shoulders of the expectant mother or her family.

Puerperal Pyrexia was once again a negligible factor with only one notification.

To sum up: with the exception of the disappointing infantile mortality incidence, the Report discloses a very satisfactory state of public health and wellbeing.

Causes of Death in the Stanley Urban District, 1954.

CAUSE OF DEATH				MALES.	FEMALES.
All Causes				79	66
1. Tuberculosis, respiratory	..	..	..	4	..
2. Tuberculosis, other	..	..	..	..	..
3. Syphilitic disease ..	..	..	..	..	..
4. Diphtheria ..	..	..	..	..	..
5. Whooping Cough ..	..	..	..	1	..
6. Meningococcal infections	..	..	..	..	..
7. Acute Poliomyelitis	..	..	..	..	..
8. Measles ..	..	..	..	..	..
9. Other infective and parasitic diseases	..	..	..	..	1
10. Malignant neoplasm, stomach	..	..	..	2	..
11. Malignant neoplasm, lung, bronchus	..	..	..	3	..
12. Malignant neoplasm, breast ..	..	..	..	..	1
13. Malignant neoplasm, uterus ..	..	..	..	..	1
14. Other malignant and lymphatic neoplasms	..	..	..	11	6
15. Leukaemia, aleukaemia ..	..	..	..	..	..
16. Diabetes ..	..	..	..	1	1
17. Vascular lesions of nervous system	..	..	..	12	15
18. Coronary disease, angina ..	..	..	..	10	12
19. Hypertension with heart disease	..	..	..	2	..
20. Other heart disease ..	..	..	..	7	9
21. Other circulatory disease ..	..	..	..	2	..
22. Influenza ..	..	..	..	1	..
23. Pneumonia ..	..	..	..	3	4
24. Bronchitis ..	..	..	..	5	2
25. Other diseases of the respiratory system	..	..	..	..	..
26. Ulcer of stomach and duodenum	..	..	..	3	..
27. Gastritis, enteritis and diarrhoea	..	..	..	..	2
28. Nephritis and nephrosis ..	..	..	..	1	1
29. Hyperplasia of prostate ..	..	..	..	..	..
30. Pregnancy, childbirth, abortion	..	..	..	..	..
31. Congenital malformations ..	..	..	..	1	1
32. Other defined and ill-defined diseases	..	..	..	8	8
33. Motor vehicle accidents ..	..	..	..	2	2
34. All other accidents ..	..	..	..	..	..
35. Suicide ..	..	..	..	..	..
36. Homicide and operations of war	..	..	..	..	..
Live Births. { Total				124	104
{ Legitimate				122	99
{ Illegitimate				2	5
Still-Births. { Total				4	3
{ Legitimate				4	3
{ Illegitimate .. ..				..	..
Deaths of { Total				6	5
Infants under { Legitimate				5	5
1 year of age. { Illegitimate				1	..
Population				16,750	
Comparability Factors :--					
Births				0.98	
Deaths				1.14	

INFANTILE MORTALITY IN 1954.

Deaths from Stated Causes under One year of Age.

CAUSES OF DEATH.			Under 1 Week.	1—2 Weeks.	2—3 Weeks.	3—4 Weeks.	Total under 1 Month.	1—3 Months.	3—6 Months.	6—9 Months.	9—12 Months.	Total under 1 Year.
Meningitis	}	.. ..	-	1	-	-	1	-	-	-	-	1
Prematurity			-	1	-	-	1	1	-	1	-	3
Broncho-pneumonia		..	-	1	-	-	1	1	-	1	-	3
Congenital heart disease		..	1	-	-	-	1	-	-	-	-	1
Whooping Cough		..	-	-	-	-	-	-	-	-	1	1
Asphyxia Neonatorum	}	..	1	-	-	-	1	-	-	-	-	1
Precipitate Labour			1	-	-	-	1	-	-	-	-	1
Prematurity		.. ..	3	-	-	-	3	-	-	-	-	3
Meningocele	}	..	-	-	-	-	-	1	-	-	-	1
Congenital Spina			-	-	-	-	-	1	-	-	-	1
Bifida			-	-	-	-	-	1	-	-	-	1
Total		..	5	2	-	-	7	2	-	1	1	11

INFANT DEATHS PER THOUSAND LIVE BIRTHS.

1918—1924		1925—1934		1935—1944		1945—1954	
		1925	103·0	1935	30·1	1945	45·0
		1926	98·3	1936	34·7	1946	31·7
		1927	67·3	1937	29·4	1947	53·1
1918	133·2	1928	81·1	1938	69·5	1948	32·3
1919	104·3	1929	62·3	1939	42·9	1949	25·3
1920	100·5	1930	65·8	1940	72·3	1950	53·0
1921	98·0	1931	60·2	1941	37·8	1951	39·1
1922	98·0	1932	84·5	1942	47·6	1952	33·3
1923	87·3	1933	56·1	1943	54·2	1953	21·2
1924	89·0	1934	85·0	1944	50·2	1954	48·2
Average 101·5		Average 76·4		Average 46·9		Average 38·2	

Details of STILL-BIRTHS for the past five years.

Year	No. of Live Births	No. of Still- Births	Proportion of Stillbirths per 100 Live Births
1950	283	4	1·4
1951	230	5	2·2
1952	210	6	3·3
1953	236	9	3·8
1954	228	7	3·1

Details of NEO-NATAL DEATHS for the past five years.

Year	No. of Live Births	No. of Neo- Natal Deaths	Proportion of Neo-Natal deaths per 100 Live Births
1950	283	9	3·2
1951	230	5	2·2
1952	210	7	3·3
1953	236	1	0·4
1954	228	7	3·0

GENERAL PROVISIONS OF HEALTH SERVICES IN THE AREA.

Public Health Officers :

Medical Officer of Health (part time):—Dr. A. L. Taylor,
M.D., D.P.H.

Chief Sanitary Inspector :—D. Walker, Cert. R.S.I., A.R.S.I.,
M.S.I.A., Certified Inspector of Meat and other Foods.

Additional Sanitary Inspector :—R. Thorp, Cert. R.S.I.,
A.R.San.I, M.S.I.A. (Resigned 31.5.54).

L. Jaques, M.S.I.A., Certified Inspector of Meat and other
Foods, Certified Smoke Inspector. (Appointed 1.6.54).

Clerks :—Mrs. M. Wood.

Mr. J. G. Bower.

The Medical Officer is also appointed to two adjacent County Districts and acts as Divisional Medical Officer for the Local Health Authority in respect of those services administered by the latter.

No change has taken place in the administration of the Part III Health Services for which the West Riding County Council is responsible. A slight increase in population has brought the figure for the Division with which Stanley is associated, Division 16, to about 54,000. The Medical Officer of Health in his capacity as Divisional Medical Officer and School Medical Officer for the West Riding County Council, is responsible for the day to day administration of all the County Services throughout the Division, with the exception of the Ambulance Service and the Dental Services. The scheme has continued to function smoothly and represents, in my opinion, a very efficient unit of administration. I can record with pleasure a year of continued close and cordial co-operation between all sections of the Health

and Educational community. With an administrative unit of this size, it is possible to know, and to be on terms of friendship with, all the individuals in associated branches of medicine, including Hospitals, the general practitioner service and colleagues in neighbouring Authorities. In addition, I must express my pleasure at the continued good relations which existed with the Divisional Education Officers and the Head Teachers of all the schools in the area. These tangible factors have added enormously to the value of the work carried out and to the free exchange of essential information, without which much of the value of our work would be lost.

I hope you will find interesting the figures relating to the work carried out in the Division. Comparison with previous years will reveal steady progress in many Departments, and I will indicate some of these later in the Report.

REPORT ON THE DIVISIONAL MEDICAL SERVICES ADMINISTERED IN THE URBAN DISTRICT BY THE LOCAL HEALTH AUTHORITY.

The Divisional Health Office has continued on the lines of previous years and there has been virtually no change in the administrative staff. Once again I must express my pleasure and satisfaction at the proximity and usefulness of the Central Clinic. This is in daily use for a diversity of public health purposes and is ideally adapted for all the functions which it is called upon to subserve.

The Division is staffed by a Divisional Medical Officer, and two Assistant County Medical Officers mainly concerned with clinical duties in the Ante-Natal, Child Welfare, and School Medical Services. The Domiciliary Nursing Services are staffed by eight Health Visitors, six Midwives and eleven Home Nurses. In addition, the services of a part-time Speech Therapist and a part-time Mental Health Social Worker are available. We were unfortunate in losing the services of Sister Andrews, our part-time Orthopaedic Nurse, who resigned her appointment on leaving the District. It has not been found possible to replace her yet, but I am thankful to say that the good work she did whilst with us seems to have eliminated very largely the need for orthopaedic remedial treatments. A Consultant Paediatrician has a monthly clinic, and an Aural Surgeon is available on call.

There was a break in continuity in the Dental Clinic owing to the resignation of the then School Dental Officer. However, another appointment was made and the service has continued to function extremely satisfactorily, with close co-operation all round.

School Medical Service.—There are approximately 8,160 school children in the area. The two Assistant County Medical Officers are responsible for the school medical inspections, special inspections and investigations of all children needing special educational provision on health or psychological grounds. Health Visitors perform the duties

of School Nurses and much valuable work has been carried out during the year. Here I feel justified in drawing your attention to the fact that there has been a further diminution of cases reported as of "bad nutritional standard." You will notice that only 0·1 % of entrants and 0·2 % of the 7 to 8 year age group have been included in this category. Thus the total of all children examined gives only 0·1 % as an over-all figure in Category "C" of the nutritional classification. This is an extremely satisfactory state of affairs and is of great significance in reflecting the social conditions prevailing in the area, and the care with which children nowadays are provided with adequate diet and supplementary milk.

There is no delay in obtaining ophthalmic treatment, or the provision of spectacles where necessary. The waiting list for Ear, Nose and Throat operations is now very low and beds continue to be available at Seacroft or at Clayton Hospital.

As already stated, the work of the School Medical Service has been rendered pleasant and much easier as the result of the extremely good relations existing between the Medical and Educational Staffs. In no single instance has there been a failure to understand each other's point of view and we ourselves have endeavoured to remain mindful of the fact that, in administering the School Medical Services, we are the handmaidens of the Educationists, and that our function is to ensure that every child is as fit as possible, physically and psychologically, to benefit from the educational fare provided.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1954.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

A. Periodic Medical Inspections.

Number of Inspections in the prescribed Groups:—

Entrants	...	...	927
7 to 8 year group	...	...	439
Last year primary	...	...	713
First year secondary	...	...	—
Last year secondary	...	...	297
*Other periodic	...	...	11
Total			2,387

B. Other Inspections.

Number of Special Inspections	...	59
Number of re-inspections	...	175
Total		234

*Other periodic inspections would include regular routine medical inspections falling outside the prescribed groups, e.g. termly or more frequent inspections at special schools.

C. Pupils found to require Treatment.

Number of Individual Pupils found at Periodic Medical Inspections to require treatment for a defect (excluding Dental Diseases and Infestation with Vermin).

Group. (1)	For Defective Vision (excluding squint). (2)	For any of the other conditions recorded in following Table (3)	Total individual pupils. (4)
Entrants ...	24	138	159
7 to 8 year group ...	24	23	47
First year secondary	—	—	—
Last year secondary	32	26	56
Last year primary ...	54	86	140
Other Periodic ...	—	—	—
Total ...	134	273	402

A. RETURN OF DEFECTS
FOUND BY MEDICAL INSPECTION IN THE YEAR
ENDED 31st DECEMBER, 1954.

Defect Code No.	Defect or Disease.	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requir- ing treat- ment.	Requiring to be kept under observation, but not requiring treatment	Requir- ing treat- ment.	Requiring to be kept under observation, but not requiring treatment.
	(1)	(2)	(3)	(4)	(5)
4	Skin	42	27	1	7
5	Eyes—				
	a. Vision ...	134	59	4	1
	b. Squint ...	16	22	2	—
	c. Other ...	9	11	—	—
6	Ears—				
	a. Hearing ...	13	4	1	2
	b. Otitis Media	21	12	—	—
	c. Other ...	2	2	1	1
7	Nose or Throat ...	53	158	3	1
8	Speech	3	16	1	5
9	Cervical Glands ...	2	49	—	—
10	Heart and Circulation	8	60	—	2
11	Lungs	34	43	—	2
12	Developmental—				
	a. Hernia ...	3	1	—	—
	b. Other ...	2	4	—	1
13	Orthopaedic—				
	a. Posture ...	13	27	—	—
	b. Flat foot ...	5	36	—	—
	c. Other ...	23	144	—	—
14	Nervous System—				
	a. Epilepsy ...	1	6	—	—
	b. Other ...	2	18	—	1
15	Psychological—				
	a. Development	7	9	—	3
	b. Stability ...	18	12	—	1
16	Other	23	13	—	3

**B. CLASSIFICATION OF THE GENERAL CONDITION
OF PUPILS INSPECTED DURING THE YEAR, IN
AGE GROUPS.**

Age Groups (1)	Number of pupils inspected (2)	A. (Good)		B. (Fair)		C. (Poor)	
		No. (3)	% of Col. 2 (4)	No. (5)	% of Col. 2 (6)	No. (7)	% of Col. 2 (8)
Entrants	927	562	60·6	364	39·3	1	0·1
7 to 8 year group ...	439	315	71·8	123	28·0	1	0·2
Last year primary ...	713	422	59·2	291	40·8	—	—
First year secondary	—	—	—	—	—	—	—
Last year secondary	297	157	52·9	140	47·1	—	—
Other Periodic ...	11	7	63·6	4	36·4	—	—
Total ...	2,387	1463	61·3	922	38·6	2	0·1

INFESTATION WITH VERMIN.

- (i) Total number of examinations in the schools by the school nurses or other authorised persons ... 14,057
- (ii) Total number of *individual* pupils found to be infested 292
- (iii) Number of individual pupils in respect of whom cleansing notices were issued. (Section 54 (2), Education Act, 1944) 6
- (iv) Number of individual pupils in respect of whom cleansing orders were issued. Section 54 (3), Education Act, 1944) —

Treatment of Pupils attending Maintained Primary and
Secondary Schools (including Special Schools).

DISEASES OF THE SKIN (excluding uncleanness).

	Number of cases treated or under treatment during the year	
	By the Authority	Otherwise
Ringworm— (i) Scalp ...	—	—
(ii) Body ...	—	—
Scabies	—	—
Impetigo	36	—
Other skin diseases ...	17	—
Total ...	53	—

EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases dealt with	
	by the Authority	Otherwise
External and other, excluding errors of refraction and squint	—	—
Errors of Refraction (including squint) ...	—	441
Total ...	—	441
Number of pupils for whom spectacles were—		
(a) prescribed ...	118	—
(b) obtained ...	112	—

DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases treated	
	by the Authority	Otherwise
Received operative treatment		
(a) for diseases of the ear ...	—	7
(b) for adenoids and chronic tonsillitis ...	—	56
(c) for other nose and throat conditions ...	—	2
Received other forms of treatment ...	—	1
Total ...	—	66

ORTHOPAEDIC AND POSTURAL DEFECTS.

Number treated as in-patients in Hospitals ...	12	
	by the Authority	Otherwise
Number treated otherwise— e.g. in clinics or out-patient departments ...	—	—

CHILD GUIDANCE TREATMENT.

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics ...	13	—

SPEECH THERAPY.

Number of Pupils treated by Speech Therapists ...	Number of cases treated	
	by the Authority	Otherwise
	41	—

OTHER TREATMENT GIVEN.

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments ...	154	—
(b) Other (specify) :—		
1. U.V.R. ...	658	—
2. Surgical ...	—	22
3. Dermatology ...	—	4
4. Paediatric ...	—	35
Total ...	813	61

SCHOOL MEDICAL SERVICE.
CONSULTANT E.N.T. SERVICE.

Consultant Clinic.

1. Number of sessions held during the year ... Nil

	Pre-School children	School children
2. No. of individual children seen by Consultant, including those continuing attendance from previous year ...	—	—
3. No. of (2) above referred for operative treatment ...	—	—
4. No. of children—		
(a) who obtained operative treatment during the year ...	—	—
(b) treated at school clinics ...	—	—
5. Total number of attendances at Consultant clinic ...	—	—

CONSULTANT ORTHOPAEDIC SERVICE.

A. Consultant Clinic.

1. No. of Sessions held during the year 12

	Pre-school children	School children .
2. No. of individual patients seen by Consultant, including those continuing attendance from previous year	3	9
3. No. of (2) above:—		
(a) referred for operative treatment as short-stay cases only	—	2
(b) recommended long-stay hospital school	—	—
(c) recommended treatment by orthopaedic nurse or physiotherapist:—		
(i) at treatment centres	—	—
(ii) domiciliary	—	—
4. No. of children who obtained operative treatment during the year	—	—
5. Total number of attendances at the Consultant clinic	4	10

B. Treatment Centres.

1. No. of Sessions held during the year —

	Pre-school children	School children
2. Total number of patients treated (including cases continuing treatment from previous year)	—	—
3. Total number of attendances ...	—	—

C. Domiciliary Treatment.

	Pre-school children	School children
1. Total number treated	—	—
2. Total number of visits to patients' homes	—	—

D. Appliances.

	Pre-school children	School children
Number of appliances :—		
(a) recommended	—	—
(b) obtained	—	—

PAEDIATRIC SERVICE.**Consultant Clinics.**

1. Number of sessions held during year 10

	Pre-school children	School children
2. Number of individual patients seen :—		
(a) new cases	5	12
(b) cases attending from previous year(s)	11	19
3. Total number of attendances at clinics	28	49
4. Summary of type of defect for which referred :—		
Growth and Development	7	5
Cardiac	1	6
Congenital Abnormality	3	2
Nervous System	1	3
Mental Retardation	2	—
Respiratory	1	3
Constipation	1	—
Rheumatism	—	1
Eneuresis	—	4
Behaviour	—	1
Obesity	—	1
Muscular Dystrophy	—	1
Oesophageal Ulcer	—	2
Papilloedema	—	1
Persistent Headaches	—	1

SPEECH THERAPY.**Clinic.**

1. Total number of sessions held during year ... 94

	Stammers	Speech Defects
2. (a) No. of new cases treated during year	6	11
(b) No. of cases already attending for treatment from previous year ...	7	17
(c) Total number of cases treated ...	13	28
3. No. of cases discharged during year :—		
(a) Speech normal ...	—	10
(b) Unsuitable for treatment ...	—	—
(c) Left school ...	—	—
(d) By reason of non-attendance ...	—	1
(e) Other reasons ...	—	2
4. No. of cases awaiting treatment at end of year ...	—	—
5. No. of visits made to schools ...	—	—
6. No. of home visits ...	—	—

CHILD GUIDANCE TREATMENT.

	Boys	Girls	Total
1. No. of new cases seen during year ...	2	—	2
2. No. of cases continuing attendance from previous year ...	11	—	11
3. Total number of cases seen during year	13	—	13
4. Total number of attendances made during year for—(a) individual interview	17	—	17
(b) group therapy ...	23	—	23
5. No. of cases recommended for residential treatment in—			
(a) Hostel for Maladjusted Children	1	—	1
(b) E.S.N. Special School ...	2	—	2
(c) Other ...	—	—	—
6. No. of cases referred for psychiatric opinion ...	—	—	—
7. No. of cases examined at the particular request of the Magistrates ...	3	—	3
8. Types of problem for which cases were referred to Child Guidance Clinic—			
(a) Behaviour ...	8	—	8
(b) Delinquency... ...	4	—	4
(c) Nervous problems ...	—	—	—
(d) Eneuresis ...	1	—	1
(e) Others ...	—	—	—

DIPHTHERIA IMMUNISATION.

A. Immunisation carried out during the year.

	Age at final injection							Total
	Under 1	1	2	3	4	5 to 9	10 to 14	
1. No. of children who completed a full course of primary immunisation ...	356	98	15	10	16	58	19	572
2. Total number of children who were given a secondary or re-inforcing injection (i.e. subsequent to complete full course) ...	—	—	—	—	25	368	92	485

B. (a) Immunisation in relation to Child Population.

Number of children under 15 years of age who had, at 31st December, 1954, completed a course of immunisation *at any time before that date*.

Age at 31.12.54 i.e. Born in Year	Under 1 1954	1—4 1953—1950	5—9 1949—1945	10—14 1944—1940	under 15 Total
Last complete course of injections (whether primary or booster)					
A. 1950—1954 ...	73	1,795	2,223	1,551	5,642
B. 1949 or earlier	—	—	1,404	975	2,379

(b) Diphtheria Notifications and Deaths in relation to Immunisation during the year.

No case of Diphtheria occurred during 1954.

WHOOPIING COUGH IMMUNISATION.

A. Immunisation carried out during the year.

Age at Final injection			Number of children who completed full course of immunisation
Under 6 months	...	...	5
6 months to one year	...	...	265
1—2 years	...	...	70
2—3 years	...	...	17
3—4 years	...	...	18
Total			375

B. (a) Immunisation in relation to Child Population.

Number of children at 31st December, 1954, who had completed a course of immunisation *at any time before that date.*

Age at 31.12.54 i.e. Born in Year	Under 1 1954	1 1953	2 1952	3 1951	4 1950	5 1949	6 1948	Total
Number immunised ...	81	327	304	128	42	39	8	929

(b) Whooping Cough Notifications and Deaths in relation to Immunisation during the year.

Notifications.			Deaths.		
Age at date of notification	No. of cases notified	No. of cases incl. in preceding col. in which child completed full course of immunisation.	Age at date of death	deaths No. of	No. of cases incl. in preceding col. in which child had completed a full course of immunisation.
Under 1	9	—	under 1	1	—
1	5	—	1	—	—
2	11	—	2	—	—
3	13	1	3	—	—
4	14	—	4	—	—
5—9	27	—	5—9	—	—
10—14	—	—	10—14	—	—
Totals	79	1	Totals	1	—

MEDICAL EXAMINATION OF ENTRANTS TO TRAINING COLLEGES.

No. of examinations carried out during the year ... 23.

DOMICILIARY NURSING SERVICES.

Health Visiting.—During 1954 there was one change in the staffing position of this branch of domiciliary nursing. As far as the Stanley area is concerned the Health Visitor nursing section is, at the moment, fully staffed. One resignation, however, must be anticipated in the very near future, and this will create a problem. Health Visitors are in very scarce supply and for this exacting branch of health educational work it is necessary that nurses of the highest character, integrity and training should be recruited. This is an ideal by no means easy of attainment. My personal opinion is that unless a Visitor of the right calibre can be appointed, it is far better to spread the work more thinly over the existing staff, in spite of the obvious drawbacks of such a course.

During the year, much emphasis was placed on the need for better co-operation with general practitioners. A meeting was arranged with a group of practitioners in Stanley and an adjoining area. Many mutual difficulties were ventilated and various suggested improvements in liaison were initiated. As a result, I am happy to say that a much closer working arrangement has been arrived at. Each Health Visitor is now known personally to every general practitioner in the area, and there has been a full and frank exchange of information. The ultimate effect of this will be increasingly felt in years to come and will improve enormously the health and welfare of, more particularly, mothers, young children, school children and aged persons, with whose health and wellbeing the general practitioner and the Health Visitor are immediately and intimately concerned. I should like to record my appreciation of the cordial atmosphere which has prevailed during all contacts with the general practitioner service. To the Health Visitors, the knowledge that they are valued and trusted members of the medico-social team gives an added impetus to their work and increases greatly their pleasure in the fulfilment of their many functions.

The Health Visitor has continued her responsibility for the care of mothers and young children, the School Medical Service, Ante-Natal clinics, investigation of Infectious Disease, care of the aged, and Tuberculosis visiting, Thus her work can be seen to be comprehensive and to have gained interest and variety in recent years.

Home Nursing.—Here, the staffing position is, at the moment, happy. The appointment of the two Relief Home Nurses mentioned last year has proved an enormous access of strength. The case load has been reduced to reasonable proportions and the work has been well in hand throughout the year. A Home Nurse is largely concerned with the welfare of elderly and chronic sick persons. Her work is very much appreciated and by no means the least valuable aspect of it is the pleasure given to elderly bedridden patients, who, only too rarely have contact with the outside world. Relationships with the family doctors have been most cordial. I am glad to be able to record that, in this area, there has been no instance of friction and, without exception, the general practitioners have exercised the greatest restraint in calling on the services of the Home Nursing personnel.

Midwifery Service.—Some difficulty arose in this branch of domiciliary nursing owing to the unfortunate and prolonged illness of one member of the Midwifery staff. I should like here to acknowledge the courtesy of Dr. Hill, Divisional Medical Officer of Morley, who was kind enough to loan the services of one of his midwives to substitute in the absence of the nurse who was sick. It has not yet been possible to obtain the services of a Relief Midwife. Frequent advertisements have brought no response. The case load carried is not excessive, but when it is realised that the Service must be staffed 24 hours a day, every day in the year, it will be seen that holidays, week-ends off, and sick leave all loom increasingly large as obstacles to be surmounted with the barest possible coverage of professional staff. As has been the case for a good number of years, approximately 50 per cent. of all births take place in Maternity Homes or Hospitals. Were it not for this fact, the depleted Midwifery staff would be unable to cope, and even as it is there are times when coverage is difficult. In this field too, relationships with Hospitals and family doctors have remained excellent.

Home Help Service.—In my last Report I mentioned that it had been necessary to make a re-assessment of many cases to reduce the total number of hours worked. This caused a certain amount of heart-burning, but it has now been found to work very well in practice. Normal custom is to give 3-hour periods of help as against the former 4-hour periods. Consideration of the Home Help table will give some idea of the complexity of this Service. Overwhelmingly it is a service of care for the aged and chronic sick. I should like to repeat my statement that it is very much better that elderly people should be maintained in reasonable comfort in their own homes rather than be driven to seek institutional accommodation. I am sorry, however, to have to record the fact that, in certain cases, this belief is apparently not shared by members of the patients' families. By no means infrequently a distressing degree of indifference is displayed concerning the fate of elderly parents by married sons or daughters, who often live within easy reach and frequently are in the enjoyment of extremely adequate family incomes. I have made it my business on more than one occasion to bring to the notice of individuals concerned my opinion of their duties in this sphere. In some cases this has resulted in an increased awareness of responsibility, and has elicited some measure of help. In others, I am sorry to say, no response whatever has been obtained, and sooner than leave the old folk unaided, I have felt it only humane to put in a Home Help. It is my intention to continue to point out to the families the plight into which some elderly relatives are allowed to sink, and it is hoped by this means to ensure that the Home Help Service is utilised mainly, or entirely, for the assistance of the unfortunates with no near relatives to whom they can turn for help.

It is with pleasure that I can state that almost always the Home Helps form a very strong bond of affection for the members of the households whom they are called upon to assist. Instances occur quite frequently where Home Helps, without hope or expectation of reward, will slip in to see old people over the week-ends, light the fire, prepare a meal, etc.

The Home Help Service is here to stay, and with the ageing of the population must be expected to increase in importance. It is the duty of the community to ensure that it is used justly and economically and that it is not made the excuse for neglect of family or neighbourly duty.

DOMESTIC HELPS.

Authorised Divisional Establishment—

(i)	Basic	...	...	...	23/24
(ii)	From Reserve Pool			...	$\frac{1}{2}$
					<hr/>
(iii)	Total	...	...	...	23½/24
					<hr/>

Number of Domestic Helps employed at 31st December, 1954—

(i)	Whole-time	...	...	...	—
(ii)	Part-time	...	...	...	46
					<hr/>
(iii)	Total	...	...	...	46
					<hr/>

Cases provided with Domestic Help during year ended 31st December, 1954—

				No. of Cases	Hours employed
(i)	Maternity (including expectant mothers)	...	...	38	2,285
(ii)	Tuberculosis	...	...	2	330
(iii)	Chronic sick, including aged and infirm	...	...	205	35,838
(iv)	Others	...	...	17	1,370
				<hr/>	<hr/>
Total				262	39,823
				<hr/>	

Employment :—

Total No. of hours of all home helps employed between 1st Jan. and 31st Dec., 1954 ÷ 2288 (52 weeks × 44 hours).

No. of home helps that could have been employed = 17·4 Home Helps.

VACCINATION AND IMMUNISATION.

There is now no hostility towards vaccination against Diphtheria. Even the most sceptical have been forced to the conviction that the protection offered by this measure is real and beneficial. The continued absence, now extending over many years, of Diphtheria from the community has finally silenced the most vocal doubter. Any failure to have a child immunised is now due to parental apathy. Every effort is made to ensure that all parents are reminded at suitable times of the need to have their children protected. Immunisation has been maintained at a reasonably high level and facilities are readily available either at Local Health Authority clinics or in the surgeries of family doctors. Complications are unknown and no after-effects whatever are experienced. Throughout the year, re-inforcing injections have been given to school children, and the figures given in the tables speak for themselves.

Smallpox vaccination in 1954 was almost entirely confined to children in their first year of life. This is a normal circumstance in the absence of epidemic smallpox. The figures published last year were enormously swollen by those seeking protection as a result of the anxiety caused by an outbreak of Smallpox in a not too distant part of the West Riding. I should like to see every child vaccinated during its first year of life. At the same time, the numbers vaccinated in your area bear very satisfactory comparison with the rest of the County. I would stress, once again, that primary vaccination in infancy carries no risk whatever, leaves no objectionable scar and causes no constitutional upset in the infant.

VACCINATION AGAINST SMALLPOX.

Number of Persons Vaccinated or re-vaccinated
during the Year.

Age at Date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number Vaccinated ...	268	3	6	7	15	299
Number Re-Vaccinated ...	—	—	—	7	24	31

At last it is possible to form some sort of informed opinion as to the efficacy of Whooping Cough Immunisation. It will be noted that during 1954 a total number of 79 cases of Whooping Cough was notified in this Health Division. Of these, only one child was reported as having completed a full course of immunisation. When it is remembered that of the total child population, about 1,000 have so far been immunised against Whooping Cough, it will be appreciated that very great significance must be attached to the figures. Whooping Cough immunisation has come to stay and is being accepted readily by an increasing number of parents. Here I must express my regret that it is still not possible in this Local Health Authority's area, to give "combined" Whooping Cough and Diphtheria inoculations. This measure would reduce by 2 the number of injections, and the rather Gilbertian situation exists that whilst all general practitioners are regularly giving combined inoculations, this measure is not allowed in the West Riding Clinics. Much discussion has taken place and one hopes that ultimately combined inoculations will come into universal use.

For a number of reasons it was not found possible during 1954 to begin the B.C.G. Vaccination against Tuberculosis of the 13-14 year old age group children in the schools. The preliminary work was much more involved than was formerly anticipated. However, preliminary spade work was done and vaccination was started early in 1955. The procedure is that where parental consent is given, all children are given a skin test to determine need for vaccination. If the test is negative, the child is vaccinated with B.C.G. and 6 to 8 weeks later is give a second skin test to ensure the success of the vaccination. Complications are extremely rare and are, in any case, of no serious import. In my next Report I shall be able to give accurate figures and a more complete account of the practical aspects of vaccination against Tuberculosis.

CLINIC PROVISION IN THE STANLEY URBAN DISTRICT.

No changes occurred during the year. Child Welfare Clinics are held weekly at Wrenthorpe and Outwood and the new practice of holding a Child Welfare Clinic twice weekly at Stanley has been continued. It has been found that the present method relieves pressure on the main clinic day and

gives the staff much more opportunity of seeing frequently cases in need of special advice or attention. In addition, the toddlers' clinic has proved extremely valuable and much more intensive individual care has been possible under the new arrangement. The clinics have continued reasonably well attended.

Ante-Natal Clinics are held weekly at Wrenthorpe, Outwood and Stanley. Attendances continue low but this is an experience common throughout the County. Admission to Maternity Homes or Hospitals continues to account for at least 50 per cent. of births. In addition, many women now are attended ante-natally by their own family doctors. May I repeat my former statement that there is no evidence to suggest that the diminution in ante-natal clinic attendance shows a falling away of standards. On the contrary, it is safe to say that the care taken of expectant mothers has never been so high as at the present time and that the general standards of ante-natal provision are far better than ever before.

Relaxation classes are still held at Outwood and are moderately well attended.

Children needing Ultra Violet treatment attend at Rothwell and other cases are referred to the Clayton Hospital at Wakefield where this diminishes the travelling.

Consultant Clinics.—The Consultant Clinics have continued on the lines established during recent years. Dr. Kirkwood attends two, or sometimes three, days per month and her work is absolutely up-to-date. Glasses can now be obtained where necessary with minimal delay. No hitch has occurred and I am glad to be able to express my appreciation of Dr. Kirkwood's efficiency and the zeal with which she approaches her work at Rothwell.

The same may be said for Dr. Pickup, who continues to attend monthly at the Consultant Paediatric Clinic. There is an increasing tendency in the area for Family Doctors to avail themselves of Dr. Pickup's services. For his part, he readily and enthusiastically gives help in any case on which he is approached. Cases admitted to Hospital under his care from this area are given every consideration, and we are indeed fortunate in being able to call upon his services.

Ear, Nose and Throat cases now present no problem. With the provision of additional Hospital beds at Seacroft, the former lengthy waiting list for tonsil and adenoid operations has almost melted away. It has been found that the most satisfactory procedure is to refer any case needing special or urgent attention direct to the Aural Surgeons at either Leeds Infirmary or Clayton Hospital. In collaboration with the family doctor, the child is sent along with a special appointment and a letter of introduction. Reports are supplied to the Health Authority and to the family doctor and all necessary treatment is undertaken with minimal delay. As a result of this procedure, it has been found unnecessary to hold regular clinics in the area. Experience convinces me that, under present conditions, the arrangement in force is satisfactory and much more flexible and effective in operation.

The Orthopaedic Nurse resigned her appointment during 1954, on leaving the County. Her loss has been a severe blow, as her regular supervision of remedial exercises undertaken by sufferers from minor orthopaedic defects did much to ensure steady and continued improvement. No substitute appointment has yet been made, and we are endeavouring, as well as we can, to ensure that any remedial exercises ordered by Orthopaedic Surgeons are carried out under the supervision of Health Visitors. Nowadays, very few serious orthopaedic defects occur. Rickets and deficiency diseases in general are non-existent and only minor and adolescent abnormalities are encountered. Should any case of serious degree arise, the advice and help of the Orthopaedic Surgeon at Pinderfields Hospital are readily available.

There was a short break in the Speech Therapy Service owing to the resignation of the part-time Speech Therapist. Another appointment has since been made and the service is continuing satisfactorily and with very beneficial results. The Speech Therapist is establishing a close liaison with the schools and her services there are being increasingly appreciated.

Maladjusted children visit Dr. MacTaggart at the Child Guidance Clinic at Wakefield. Her reports are comprehensive and regularly forthcoming. It is intended, in the near future, to appoint a County Psychiatrist whose work will complement and widen the scope of the treatment already carried out.

In my sober and considered view, Local Health Authority clinic provision in your area is adequate and is functioning admirably. Relationships with family doctors are of the best and one is happy to record greatly increased interchange of information regarding cases. No need for additional provision exists in your area.

AMBULANCE SERVICE.

Nothing need be added to previous comment on this Service, which continues to function in a most satisfactory manner. Once again, may I express my appreciation of the spirit of co-operation which exists in all grades of ambulance personnel. Any minor misunderstanding is easily cleared up and, indeed, is of the most rare occurrence. Every effort is made on our part to ensure that no unnecessary use of the service is permitted.

LABORATORY FACILITIES.

During the year, Dr. Findley resigned his post on being transferred to Winchester. His loss is much felt, but we are consoled in the fact that Dr. Little, his successor, has taken over the post and is proving a tower of strength. The Laboratory is ever ready to help and advise on problems of bacteriology or pathology and one feels welcome in any approach which is made.

MILK SAMPLES.

Under the Food and Drugs Act, milk samples are submitted to the County Analyst, at Halifax, as are also samples of water and foodstuffs.

HOSPITAL PROVISION.

No change has occurred during 1954. The improved admission of chronic sick cases, which I commented on last year, has continued. Dr. Rosenthal, Geriatric Consultant, is most helpful and has brought an enthusiastic spirit into the work of caring for the hospitalised chronic sick. He is ready at all times to pay domiciliary visits in order to assess needs, or to suggest treatment. Rehabilitation of the invalided elderly has proved a very great boon and one frequently finds that after a stay in hospital they are able to return to their homes reinvigorated and able, to a large extent, to look after themselves. It is necessary to

remember that the general level of the aged and indigent is tending to rise and that the problem will be very much with us for the indefinite future. Co-operation with general practitioners in this field has remained close. Frequent discussions with individual family doctors take place, and liaison between the general practitioner service, the hospitals, and the Local Health Authority has been satisfactory throughout.

In relation to Infectious Disease, there has again been no change. The few cases now admitted to Hospital mostly go to Snapethorpe, where standards are of the highest and the cases receive the very best and most skilled medical and nursing care. A few cases are occasionally sent to Seacroft Hospital where special facilities exist for treatment of such serious conditions as Poliomyelitis. Here again we must appreciate the fortunate circumstances which make the services of two such admirable institutions readily available to our population.

General Hospitals.—No difficulty has been experienced in the admission of acute medical and surgical cases either to Leeds or to Wakefield Hospitals. We are, in addition, fortunate to be near Pinderfields Hospital, which is a foremost centre of Orthopaedic Surgery in the North of England. Many accident cases from local collieries are admitted to Pinderfields where treatment is of the most up-to-date, and results are as satisfactory as can possibly be expected.

The Maternity Home position remains unchanged. No mother needing institutional accommodation fails to obtain it. Stanley Urban District is fortunate in its proximity to Wakefield where there exists a most efficient and up-to-date Maternity Unit catering for all types of case from the acute obstetrical emergency to the normal case requiring no special surgical intervention or treatment. Emergency cases are occasionally admitted to Leeds Maternity Hospital also.

Altogether, I feel that Hospital provision in this area is quite adequate, but that need exists for careful consideration of future needs in relation to chronic sick accommodation.

PREVALENCE AND CONTROL OF INFECTIOUS DISEASE IN THE STANLEY URBAN DISTRICT.

I am glad to be able to report a continued extremely light incidence of Infectious Disease, so light, indeed, that as a factor affecting the public health of your District, it is completely negligible. This is a very satisfactory state of affairs, compared with circumstances of 20 years ago when Diphtheria took its toll of young life ; Scarlet Fever was of serious import and heavy incidence, and meningitis was by no means rare. Contrast the position to-day with a total number of notifications of Infectious Disease only amounting to 47 cases. Of these, only 9 were considered of sufficient gravity to require admission to Hospital, and even of these the majority were admitted because of the social circumstances under which the case would have had to be nursed at home.

So light was the incidence this year that I do not consider it necessary to mention each disease individually under a special heading. You will notice that no case of Poliomyelitis occurred, nor of Diphtheria, nor of Typhoid or Paratyphoid fevers. Only a single case of Sonn  Dysentery and one of food poisoning were notified. Scarlet Fever continued very mild in type and only 15 cases were notified. For the rest, the only numerically significant disease was Whooping Cough, with a mere 18 notifications during the year. The time is now approaching when it will be possible to form some estimation of the value of Whooping Cough immunisation which is now firmly established in popularity. In this Health Division during 1954 a total of 79 cases of Whooping Cough were notified. Of these, only one child, a boy of 13 years, was reported as having received a course of Whooping Cough immunisation. When it is remembered that by this time about 1,000 young children have been protected, it will be seen that the figures just quoted are of very great significance. Future years will, of course, confirm or refute the deduction just drawn. For the moment, may I say that I look forward with optimism to the day when Whooping Cough is as rare as Diphtheria is now. Whooping Cough, particularly in very young children, is a disease of great severity causing much debility and in some instances lung damage with serious, permanent detriment to the health of the child. In young babies it is of very grave import and the dreaded risk of bronchial pneumonia supervening is very

real. You will notice that Whooping Cough accounted for the death of one child in the 9 to 12 months age group. May I urge all parents to allow their children to be protected either by their own family doctor or at one of the local Clinics. Like Diphtheria immunisation, Whooping Cough immunisation causes no upset to the infant and is absolutely devoid of all risk.

Measles was almost entirely absent in contrast to last year's incidence. Here the Preventive Medical Services can claim no credit as the biennial epidemic behaviour of Measles is a well known and universal phenomenon. No means of protection against this disease has yet been produced.

TUBERCULOSIS.

At long last it would appear that real progress is being made in the constant struggle against this disease. Although 4 deaths occurred from Pulmonary Tuberculosis, the number of new cases fell to 9, one of the lowest figures ever recorded. For the first time for many years, there is now practically no waiting list for admission to T.B. Sanatoria. Indeed, empty beds are available in many sanatoria and the number of children suffering from bone joint and gland disease in a nearby Children's Orthopaedic Hospital, has diminished to less than half the capacity of the Hospital. All these results follow on the intensive work which has been devoted to the preventive and curative aspects of the disease by the Chest Physicians, Sanatoria, family doctors and the Local Health Authority. New drugs are proving effective and the introduction of B.C.G. Vaccination to a selected group of children is expected to result in a further diminution.

It is pleasing to note that for the third year in succession, no new case of non-pulmonary tuberculosis was notified. This is, in my opinion, almost entirely due to the universal use of Pasteurised or T.T. Milk. It is justifiable to express the belief that non-pulmonary tuberculosis is on the way out and is destined to become a condition of very rare incidence. Certainly one no longer sees the distressing cases of permanent orthopaedic defects which were an all too common sight in our streets.

For various reasons it was not found possible actually to begin B.C.G. Vaccination of the 13-14 year old group of children during 1954. Vaccination of contacts was undertaken as a routine procedure and 27 children were vaccinated in the Health Division. However, all the complicated preliminary

detail was completed relating to the vaccination of school children and the work of actual vaccination started early in 1955. At the suggestion of the Ministry, the age group chosen is the 13-14 year old one. Children are given a short explanatory talk, and letters of explanation, with incorporated consent forms are taken to the parents or guardians. So far, the consent rate has been high and I gladly acknowledge the enthusiastic help and support given by Head Teachers of schools. To them is due in no small measure the high rate of acceptance. I will not anticipate next year's Report by giving the results so far to hand. Suffice it to say that complications have been non-existent and that the children vaccinated have evinced not the slightest discomfort. It is hoped that B.C.G. Vaccination will do much to eliminate the adolescent and early adult type of infection.

Tuberculosis remains the only absolute priority for re-housing in your District. In all cases recommendations by the Health Committee, on my representation, have been sympathetically considered by your Housing Committee. Rest assured that no case is put forward by me without the fullest and most careful investigation of all aspects, medical and social. It is essential that this should be so, and I would personally deplore any extension of the system at present in use. May I express here my thanks to the Housing Committee for the ready response they have made to any urgent representation of mine.

Infestations.—No adult case came to light during the year. The school Nurses devoted a very great deal of work to ensuring the diminution of pediculosis in school children. Only a very small number of children, from families well known to us, have become re-infested. Personal visits to the homes were always paid and in a small number of instances it was found necessary to issue warning notices. I should like to repeat my intention of neglecting no means of ensuring that the school population remains uncontaminated by this unpleasant infestation. I think it possible to say that never before has there been such a high level of personal cleanliness in the schools and that the hard core of persistent offenders is gradually, but resolutely, being reduced.

Scabies.—No case of Scabies was notified, and the disease, as far as can be ascertained, remains entirely absent from the community.

Cases of Notified Infectious Diseases in Age Groups (excluding Tuberculosis)

Disease.	Under 1 year		1-3 years		3-5 years		5-10 years		10-15 years		15-25 years		25-45 years		45-65 years		over 65 years		Totals	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Smallpox
Scarlet Fever	I	I	I	3	6	..	..	..	..	..	..	..	..	..	..	..	5	10
Diphtheria
Enteric Fever(including Paratyphoid)
Pneumonia	I	..	..	I	..	I	..	..	..	..	..	I	I	2	2	5	5
Puerperal Pyrexia	I	..	..	..	..	..	I
Acute Anterior Poliomyelitis
Acute Anterior Encephalitis
Meningococcal infection
Ophthalmia Neonatorum
Erysipelas	I	..	..	I	..	..
Whooping Cough	2	4	..	..	5	6	..	..	..	..	..	..	..	..	I	..	4	14	14
Measles	I	I	..	..	..	I	I	..	..	..	..	..	..	..	..	..	I	2	2
Sonné Dysentery	I	..	..	..	..	..	..	..	..	..	..	..	..	I	..	..
Food Poisoning	I	..	..	..	..	I	..	..
Totals	3	6	2	2	8	9	8	I	..	..	..	I	I	2	2	..	2	15	32

Cases of Notified Infectious Diseases (excluding
Tuberculosis) admitted to Hospital.

Disease.	No. Notified	No. admitted to Hospital
Smallpox	—	—
Scarlet Fever	15	5
Diphtheria	—	—
Enteric Fever (incl. Paratyphoid) ...	—	—
Pneumonia	7	1
Puerperal Pyrexia	1	—
Acute Anterior Poliomyelitis ...	—	—
Acute Anterior Encephalitis ...	—	—
Meningococcal Infection	—	—
Ophthalmia Neonatorum	—	—
Erysipelas	1	—
Whooping Cough	18	1
Measles	3	—
Sonné Dysentery	1	1
Food Poisoning	1	1
Observation	—	—
Totals	47	9

TUBERCULOSIS.

Record of Cases during the year 1954.

	Pulmonary		Non-Pulmonary	
	M	F	M	F
No. of cases on Register at beginning of year	38	35	9	3
No. of cases notified for first time during year	4	5	—	—
No. of cases restored to Register ...	—	—	—	—
No. of cases added to Register otherwise than by notification ...	—	—	—	—
No. removed to other districts ...	3	1	2	—
No. Recovered ...	1	—	3	1
No. died from the Disease ...	3	—	—	—
No. died from other causes ...	—	—	—	—
No. Removed from Register :— Revised diagnosis ...	—	—	—	—
No. of cases on Register at end of year ...	35	39	4	2

TUBERCULOSIS.

New Cases and Mortality during 1954.

Age Periods		New Cases				Deaths			
		Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
		M	F	M	F	M	F	M	F
0—1 year	...	—	—	—	—	—	—	—	—
1—5 years	...	—	—	—	—	—	—	—	—
5—10	...	—	—	—	—	—	—	—	—
10—15	...	—	—	—	—	—	—	—	—
15—20	...	—	—	—	—	—	—	—	—
20—25	...	—	1	—	—	—	—	—	—
25—35	...	—	—	—	—	—	—	—	—
35—45	...	2	2	—	—	—	—	—	—
45—55	...	2	2	—	—	—	—	—	—
55—65	...	—	—	—	—	2	—	—	—
over 65 years	...	—	—	—	—	2	—	—	—
Totals	...	4	5	—	—	4	—	—	—

TUBERCULOSIS

(New Cases and Mortality since 1935).

Year			New Cases		Deaths	
			Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary
1935	...	...	11	6	6	—
1936	...	...	9	1	7	2
1937	...	...	13	11	9	—
1938	...	...	18	17	12	5
1939	...	...	24	11	10	4
1940	...	...	19	3	11	1
1941	...	...	22	12	10	2
1942	...	...	23	4	11	4
1943	...	...	24	7	9	—
1944	...	...	21	10	12	2
1945	...	...	21	5	11	1
1946	...	...	28	9	7	3
1947	...	...	16	5	8	—
1948	...	...	22	3	11	2
1949	...	...	25	2	11	2
1950	...	...	27	3	5	2
1951	...	...	18	3	8	1
1952	...	...	10	—	2	—
1953	...	...	11	—	1	—
1954	...	...	9	—	4	—

HOUSING.

Housing progress in the Stanley Urban District remains disappointingly slow. Only 68 permanent type houses were completed by the Local Authority in 1954. There appears in your Authority to be some measure of dissension as to the wisdom or otherwise of accepting an allocation of houses of new-traditional type. I am not competent to judge the technical merits or demerits of this type of house. It does, however, seem to me desirable, even at the risk of a little expenditure, to speed up as far as possible the eradication of houses now considered to be hopelessly substandard by modern measurement. The Ministry have urged on all Local Authorities the need for taking every necessary step to ensure the clearance of all "slum" areas within five years. This will only be possible if the maximum number of new houses can be built. In my submission, it will be preferable to sacrifice one's own personal preference in the larger cause of ameliorating the present deplorable conditions under which a considerable proportion of our people are compelled to live.

May I take this opportunity of congratulating you on your decision to acquire a certain amount of substandard property which can be used and, I understand, is being used, for the accommodation of families of socially inadequate type. This, I am convinced, is a down to earth and practical approach to a very difficult problem. My view, frequently expressed and well known to you, is that these families should be given careful supervision by every social agency and, if proved worthy, should ultimately be moved to better class Council property as they improve their general standard of behaviour. It is desirable that this fact should be made known in order that an incentive may be provided.

Since writing my last Report I have had no reason to change my view regarding the necessity for smaller housing units for the accommodation of old and indigent people. The number of these will continue to increase and they neither need nor want houses of the three bedroomed type. Adequate consideration of this problem would do much to economise in building materials and costs and would fill a need which is very real and likely to increase.

HOUSING STATISTICS, 1954.

Number of dwelling houses in the District ... 5,245.

Number of back-to-back houses included in above 252.

1. Inspection of Dwelling Houses during the year :—

1(a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts) ... 590

(b) Number of Inspections made for the purpose ... 946

2(a) Number of dwelling houses (included under sub-head 1 above), which were inspected and recorded under the Housing Consolidated Regulations ... 95

(b) Number of Inspections made for the purpose ... 140

3. Number of dwelling-houses needing further action :—

(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation ... 95

(b) Number(excluding those in sub-head 3(a)above) found not to be in all respects reasonably fit for human habitation ... 230

2. Remedy of Defects during the Year without Service of Formal Notices.

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers ... 230

3. Action under Statutory Powers during the Year.

A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936 :—

(1) Number of dwelling-houses in respect of which notices were served requiring repairs... Nil

(2) Number of dwelling-houses which were rendered fit after service of formal notices :

(a) By owners ... Nil

(b) By Local Authority in default of owners ... Nil

B. Proceedings under Public Health Acts :—

(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied ... 5

(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—

(a) By owners ... 5

(b) By Local Authority in default of owners ... Nil

C. Proceedings under Sections 11 and 13 of the Housing Act, 1936 :—

- | | |
|--|----|
| 1. Number of representations etc. made in respect of dwelling-houses unfit for habitation | 27 |
| 2. Number of dwelling-houses in respect of which Demolition Orders were made ... | 7 |
| 3. Number of dwelling-houses demolished in pursuance of Demolition Orders | 17 |
| 4. Any action under Section 10 and 11 of the Local Government (Miscellaneous Provisions) Act, 1953? If so, what? | |

Applied Closing Orders in two cases.

D. Proceedings under Section 12 of the Housing Act, 1936 :—

- | | |
|---|-----|
| (1) Number of separate tenements or underground rooms in respect of which Closing Orders were made | Nil |
| (2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined, the tenement or room having been rendered fit | Nil |

4. Housing Act, 1936—Part IV—Overcrowding.

- | | |
|---|-----|
| (a) (1) Number of dwellings overcrowded at the end of the year | 80 |
| (2) Number of families dwelling therein | 86 |
| (3) Number of persons dwelling therein | 335 |
| (b) Number of new cases of overcrowding reported during the year | 21 |
| (c) (1) Number of cases of overcrowding relieved during the year | 37 |
| (2) Number of persons concerned in such cases | 163 |

New Houses.

5. Number of new houses provided during the year :—

By the Local Authority :—

- | | |
|------------------------------|------|
| Permanent type | 68 |
| Temporary type | Nil. |
| By Private Enterprise | 16 |

6. Housing Act, 1949.

Any action in connection with :—

- | | |
|---|-----|
| (a) Section 4—Advances for purpose of increasing housing accommodation | Nil |
| (b) Section 20—Grants to persons other than local authorities for improvement of housing accommodation | 5 |

SANITARY CIRCUMSTANCES OF THE AREA.

There has been no change in the arrangements for the supply of water since my last Report. The total consumption in the district was 198,057,000 gallons. Of this, 30,918,000 gallons were used for trade purposes, and the balance of 167,139,000 gallons was accounted for by domestic purposes and leakage respectively.

The average daily consumption per head for domestic purposes was 27·34 gallons and for trade purposes 5·06 gallons. The increase in the domestic consumption is no doubt due to the increasing number of houses with bathrooms.

There are no wells and no stand pipes in use in the district. The water is without plumbo-solvent action and is obtained by arrangement with Wakefield Corporation.

Three samples were taken during the year and below is the chemical analysis of one of the samples taken.

	Parts per million.		
Total Solids	114
Mineral Matter	82
Chlorides as NaCl	28
Free Ammonia	0·032
Albuminoid Ammonia	0·040
Oxygen absorbed in 4 hrs. at 80° F.	0·24
Nitrous Nitrogen	Nil
Nitric Nitrogen	0·24
Temporary Hardness	20
Total Hardness	57
Permanent Hardness	37
Alkalinity in terms of CaCO ₃ to M.O.	20
Acidity CaO	Nil
Free Chlorine—actual free	0·01
Total including chloramines	0·02
pH. Value	7·1
Colour—Hazen units	10
Turbidity—Silica Scale	8
Manganese	Nil
Lead in solution	Nil
Lead dissolved in 24 hours	Nil

Sewage Works.—Tenders have been let for the improvements necessary and it is hoped that work will be commenced in the near future.

Drains and Sewers.—No major scheme of alteration has been undertaken during the year, and no damage due to subsidence has been reported.

Closet Accommodation.—4 privies and 2 waste water closets were converted to W.C.'s during the year and the following table shows the continued improvement in comparison with 1926.

<i>Year</i>	<i>No. of Privies</i>	<i>No. of W.C.'s</i>	<i>No. of Waste W.C.'s</i>
1926	1,092	1,387	12
1954	68	4,973	10

Public Cleansing.—The cleansing of the District is done by direct labour and the Service has been adequately maintained. The mechanical gully emptier is employed for the emptying of cesspools and this is done without nuisance. There are 15 cesspools in the district and these are emptied monthly.

Rivers and Streams.—No action necessary during the year.

Shops and Offices.—No complaint was received and no action has been necessary during the year in respect of any premises.

Camping Sites.—There are no official camping sites in the area.

Swimming Baths and Pools.—No public baths in this area.

Bug Disinfestation.—Gammexane and D.D.T. are used with excellent results and routine disinfestation is carried out where necessary in relation to all new Council house tenants. 10 houses were reported as being verminous. All were sprayed with D.D.T. Liquid. 6 cases of beetle infestation were dealt with, again by the use of Vermicine and Gammexane dust.

Smoke Abatement.—Although there has been no announced change of plan, the proposed electrification of Lofthouse Colliery has not yet been undertaken. There is very considerable nuisance from smoke from this pit and it has not been possible to obtain substantial reduction as a result of approaches made. The sooner the scheme of electrification can be carried out, the better it will be for the amenities of the area.

Some improvement in the position at the Miners' Hostel has taken place. Every effort is made by those responsible to minimise what at one time had become a serious nuisance to neighbouring householders.

Colliery Spoil Heaps.—Sprays are kept continually in action and although occasional slight nuisance has arisen, it has not reached serious proportions during the year.

Offensive Trades.—The Knacker's Yard is still functioning but is very well supervised and has given rise to no nuisance. This establishment has improved greatly in recent years and is now adequately and hygienically conducted. The gut scraping room at the Farm Stores is visited very regularly by the Sanitary Inspectors during their routine meat inspections. No offence has arisen and the owners continue to be most co-operative in all respects.

40 visits have been paid to the 25 Fried Fish Shops in the area and there has been no falling away from the high standards previously reported. Here again, the owners are co-operative and anxious to do everything they can to conform to the standards suggested by us.

Factories and Workshops.—Parts 1 and 8 of the Act fall within the scope of administration of this Authority. Appended is a list of Outworkers and it will be noted that no special action has been necessary throughout the year. Routine inspections have been carried out in respect of Part 1 of the Act, and again no special action has been necessary.

Inspection for purposes of provisions as to health.

(including inspections made by Sanitary Inspector).

Premises	No. on Register	Number of:—		
		Inspections	Written Notices	Occupiers prosecuted
1. Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	22	6	—	—
2. Factories not included in (1) in which Section 7 is enforced by the Local Authority	31	67	—	—
3. Other Premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises) ..	—	—	—	—
TOTAL	53	73	—	—

CASES IN WHICH DEFECTS WERE FOUND (If defects are discovered on two, three or more separate occasions, they should be reckoned as two, three or more cases).

				No. of cases in which defects were found				Number of cases in which Prosecutions were instituted
				Found	Remedied	Referred :		
						to H.M. Inspector	by H.M. Inspector	
Want of cleanliness	..	..	--	--	—	—	--
Overcrowding	..	..	--	—	--	--	--
Unreasonable temperature	..	..	--	--	--	--	--
Inadequate ventilation	..	..	—	--	--	--	--
Ineffective drainage of floors		..	--	--	--	--	--	
Sanitary Conveniences :—								
Insufficient	..	..	—	—	—	—	—
Not separate for sexes	..	..	--	—	--	--	--
Unsuitable or defective	..	..	3	3	--	—	--
Other offences against the Act (not including offences relating to Outwork)	..	..	--	--	--	—	--
Total	..	..	3	3	--	—	—

OUTWORK.

Nature of Work	No. of Out-workers in August list required by Sec. 110 (1)	Section 110			Section 111	
		No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in un-wholesome premises	Notices Served	Prosecutions
WEARING APPAREL :—						
Making	3	—	—	—	—	—
Cleaning and washing	—	—	—	—	—	—
Textile Weaving	—	—	—	—	—	—
TOTAL	3	—	—	—	—	—

SANITARY INSPECTION OF AREA.

Infectious Disease Prevention.

Inspections	...	...	...	...	15
Further Enquiries	...	...	...	...	—
Disinfections	...	...	...	...	8
Schools Disinfected	...	...	...	...	—
Miscellaneous Visits	...	...	...	...	2
Scabies Visits	...	...	...	...	—

Milk and Dairies.

Inspections of Cowsheds and Dairies	...	...	...	...	—
Milk Samples taken	...	...	...	...	38

Food and Drugs Inspections.

Meat Inspections	...	...	...	...	823
Bakehouses	...	...	...	...	63
Food Inspections...	...	...	...	...	270
Ice Cream Sampling	...	...	...	...	—
Water Sampling...	...	...	...	...	3
Fish Shop Inspection	...	...	...	...	40

Housing.

Houses inspected and recorded	...	...	...	...	590
General Surveys	...	...	...	...	95
Public Health Act Inspections	...	...	...	...	261
Re-visits	...	...	...	...	321

Offensive Trades.

Inspections of Knackers' Yards	...	...	...	...	12
Inspections of Blood Boiling premises	...	...	...	...	—
Inspections of Fat Refining Premises	...	...	...	...	—

Sanitary Matters.

Inspections of Verminous Premises	...	...	...	...	10
Inspections for Rat and Mouse infestations	...	...	...	...	78
Inspections of new drains	...	...	...	...	4
Smoke Observations	...	...	...	...	25
Inspections re Refuse Removal and Disposal	...	...	...	...	440
Factories and Workshops	...	...	...	...	93
Tents, Vans and Sheds	...	...	...	...	60
Number of Statutory Notices (Housing Act and Public Health Acts)	...	...	...	...	5
Number of Statutory Notices (Sect. 17 of the Housing Act, 1936)	...	...	...	...	—
Number of Nuisances abated on serving Statutory Notice (Public Health Acts)	...	...	...	...	14
Inspections for Nuisances	...	...	...	...	465
Council House Inspections	...	...	...	...	124
Inspection of Repairs	...	...	...	...	268
Visits re Council House applications	...	...	...	...	360
Miscellaneous	...	...	...	...	250

Stanley Urban District Council.

ANNUAL REPORT

OF THE

Sanitary Inspector and Cleansing Superintendent

(D. WALKER, A.R.S.I., M.S.I.A.)

For the Year 1954.

To the Chairman and Members of the Stanley Urban District Council,

GENTLEMEN,

I beg to submit this, my Fifth Annual Report, upon the work done by your Health Department during the year.

Many of the records of inspections and statistical data are to be found in the earlier part of the report. The costs of labour and materials used for housing repair work continue to increase and make it increasingly difficult to get repairs of any description carried out to the older type of cottage property of which there is quite a lot in this district. There is also a shortage of building labour in the district necessary to cope with repairs of old property and the building of new houses and many contractors now prefer the new work to the repair work.

Houses available for letting in the area appear to have been limited to those built by the Council, as practically all privately owned houses which become vacant, have as in the past few years, been sold irrespective of their condition. Quite a number of people appear to prefer these low priced houses to the more heavily rented Council houses although there is a danger that they will be included in future Slum Clearance Areas.

The survey for the purposes of the Housing Repairs & Rents Act, 1954, has been commenced and the report and figures will be available for the return to be sent to the Ministry as required in August, 1955.

During the year there has been an increasing number of owners prepared not to relet old property as and when the present tenants move and then demolish the houses when the block or row becomes vacant.

There has been an increase in the number of applications for improvement grants and whilst the applicants are all owner occupiers it is helping to improve the Housing accommodation in the district. Only one application was refused during the year and this was owing to the age of the property and its proximity to other old property.

68 houses were completed by the Council during the year and the application list shows 516 applicants desiring houses.

Meat Inspection has been a very important duty of the department since July 1st, when meat rationing ceased and seven slaughterhouses in the district were licensed.

Mr. R. Thorp, Additional Sanitary Inspector, left the Council's employment on May 31st, and he was succeeded by Mr. L. Jaques who took up his appointment as from June 1st, 1954.

I should like to express my appreciation to the Chairman and to the other members of the Council for the encouragement and consideration they have given me during the past twelve months.

Abatement of Nuisances.

Number of Privies converted into W.C.'s	...	4
Do. Waste water closets converted into W.C.'s	... ..	2
Do. W.C.'s provided	... ..	6
Do. Choked drains and W.C.'s cleared	...	266
Do. Choked sewers cleared	... ..	—
Do. Sink wastes repaired	... ..	12
Do. Defective drains relaid	... ..	4
Do. New drains laid	... ..	4
Do. Gully traps fixed	... ..	1
Do. Water closets repaired	.. ...	25
Do. Inspection chambers repaired	...	2
Do. Eaves gutters/down spouts repaired		58
Do. House roofs and damp walls repaired		88

Number of Flooded cellars ...	...	...	10
Do. Damp houses remedied ...	...	...	88
Do. Damp proof courses fixed ...	...	...	—
Do. House floors repaired ...	...	...	25
Do. Walls replastered ...	...	...	67
Do. New sinks fixed ...	...	...	9
Do. Windows re-corded and repaired ...	...	...	48
Do. Fireplaces repaired ...	...	...	57
Do. Washing coppers repaired ...	...	...	8
Do. Defective dustbins removed ...	...	...	300
Do. Privy middens abolished ...	...	...	4
Do. Ashpits abolished ...	...	...	4
Do. Dustbins provided in lieu of ashpits ...	...	...	5
Do. Verminous premises ...	...	...	10
Do. Dirty premises ...	...	...	8
Do. Beetle infested premises ...	...	...	6
Do. Rat infested premises ...	...	...	78
Do. Burst services ...	...	...	66
Do. W.C. Soil pipes repaired ...	...	...	25
Do. Ceilings repaired ...	...	...	—
Do. Doors repaired/renewed ...	...	...	16
Do. Bath wastes repaired ...	...	...	—
Do. Cooking ranges repaired ...	...	...	57
Do. Defective chimneys ...	...	...	—
Do. Insanitary yards ...	...	...	3
Do. Accumulations of refuse ...	...	...	1
Do. Dangerous buildings ...	...	...	13
Do. Insufficient W.C. accommodation ...	...	...	1
Do. Dangerous walls ...	...	...	—

Meat Inspection.

Slaughtering at the Farm Stores Bacon Factory has continued and the rate of killing has again been stepped up, particularly since meat was de-rated. During the year 22,359 Pigs have been killed and whilst most of the carcasses have gone for bacon there is now a much bigger percentage being despatched to shops outside the area. A system of meat marking under the Public Health Meat Regulations, 1926, has now been agreed upon and confirmed by the Ministry and when the final details have been settled meat marking will be commenced early in 1955.

This I feel, is a step in the right direction and should prove beneficial both to the Farm Stores and the Local Authority and should be adopted by more Authorities.

In addition to meat inspection, pig grading at two deadweight centres in the area was undertaken by the meat inspectors and appears to be working satisfactorily.

The bacon factory has maintained its high standard of efficiency during the year and has left little to be desired from the Public Health point of view. The management are most helpful and are only too glad to co-operate in bringing about any improvements suggested at various times by the Health Department.

Seven Slaughterhouses were licensed for a period of 13 months when meat was de-rated in June, 1954 and since then regular routine visits have been made to these. The quality of meat being killed is generally good and the percentage of meat condemned low. The Slaughterhouses themselves generally speaking are of good construction and the meat as a finished product is in better condition than has been seen over the past few years when damage to meat by transport and frequent handling was most marked. In addition to the licensed slaughterhouses the Local Hospital Board operate a slaughterhouse for the slaughter of animals for food in the hospital and does not require a licence.

Pigs slaughtered for home consumption have been inspected upon request and the owners advised accordingly.

The Public Health Laboratory staff at Wakefield are most helpful and have on several occasions been good enough to examine specimens of a doubtful character which have been taken down to the laboratory.

Visits	823.	Pigs inspected	...	22,359
		Sheep	„	1,600
		Calves	„	44
		Cows	„	459
		Cattle	„	298

Condemnations.

5 Cow Carcasses	...	2973 lbs.	Generalised Tuberculosis
1 Heifer Carcase	...	476 lbs.	„ „
1 Cow Carcase	...	408 lbs.	„ Oedema
5 Cow Forequarters	...	698 lbs.	Tuberculosis
Beef Trimmings	...	262 lbs.	Oedema, Bruising and Abscesses
Bovine Heads and Tongues	...	56 „	Tuberculosis
„ „ „ „	...	4 „	Actinomycosis
„ „ „ „	...	1 „	Abscesses
„ Livers	...	32 „	Tuberculosis
„ „ „ „	...	48 „	Cirrhosis
„ „ „ „	...	1 „	Echino-cysts
„ „ „ „	...	4 „	Abscesses

Bovine	Lungs	...	...	129	Tuberculosis
"	"	...	...	5	Pentastomi
"	Hearts	...	...	2	Tubercular Pericarditis
"	Udders	...	...	1	Tuberculosis
"	"	...	...	93	Mammitis
"	Stomachs	...	...	1	Peritonitis
"	Mesenteric fats	...	...	46	Tuberculosis
"	Kidneys	...	...	11	Nephritis
"	Thick skirt	...	...	1	Peritonitis
21	Pigs' Carcasses	...	...	3122 lbs.	Generalised Tuberculosis
5	"	"	...	1004 lbs.	Pyæmia
3	"	"	...	198 lbs.	Oedema
3	"	"	...	141 lbs.	Septic Pleurisy
15	"	"	...	1759 lbs.	Moribund
4	"	"	...	361 lbs.	Jaundice
3	"	"	...	997 lbs.	Fevered
3	"	"	...	541 lbs.	Erysipelas
Pork	Trimmings	...	...	769 lbs.	Melanosis, Oedema, Bruises, etc.
Pigs'	Heads	...	...	693	Tuberculosis
"	Livers	...	...	6	Tuberculosis
"	"	...	...	3	Abscesses
"	"	...	...	12	Necrosis
"	"	...	...	258	Cirrhosis
"	Flair fats	...	...	44	Peritonitis
"	Kidneys	...	...	192	Nephritis
"	Hearts	...	...	353	Pericarditis
"	Lungs (sets of)	...	...	17	Tuberculosis
"	"	"	...	793	Pleurisy
"	"	"	...	2812	Pneumonia
"	Mesenteric fats	...	...	350	Tuberculosis
"	"	"	...	11	Abscesses
"	Plucks	...	...	190	Tuberculosis
"	"	...	...	189	Pleurisy and Peritonitis
"	Stomachs	...	...	5	Tuberculosis
"	"	...	...	13	Peritonitis
"	Spleens	...	...	5	Tuberculosis
Sheeps'	Livers	...	...	40	Parasite Infestation
"	Lungs	...	...	140	"
"	Plucks	...	...	1	Caseous Lymphadenitis
1	Calf Carcase	...	...	30 lbs.	Generalised Tuberculosis

Carcases Inspected and Condemned.

	Cattle excluding cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed (if known) ..	298	459	44	1600	22359
Number Inspected ..	298	459	44	1600	22359
<i>All Diseases except Tuberculosis :—</i>					
Whole carcases condemned	Nil	1	Nil	Nil	36
Carcases of which some part or organ was condemned	16	105	Nil	181	4348
Percentage of the number inspected affected with disease other than tuber- culosis ..	5.4	23.1	Nil	11.3	19.6
<i>Tuberculosis Only :—</i>					
Whole carcases condemned	1	5	1	Nil	21
Carcases of which some part or organ was condemned	18	204	Nil	Nil	730
Percentage of the number inspected affected with tuberculosis ..	6.7	44.4	2.2	Nil	3.3

Milk and other Foods.

39 official samples of milk were purchased from retailers in the district and submitted to the Public Analyst for analysis.

4 of the samples were broken in transit, and of the other 35, 3 were found to be deficient in milk solids other than fat and a further 2 to be deficient in milk fat.

The freezing point test showed the first three to be samples of genuine milk and in the two other cases where the fat deficiency amounted to 4 % and 14 % respectively, warning letters were issued by the West Riding County Council and prosecutions were not taken.

Almost all the milk sold in the district is of the Special designated types and at present there are only four producer retailers delivering as most of the milk is being pasteurised and is brought in by local retailers from Leeds, Castleford and Bradford.

In only two cases is milk sold loose from kits, all the other being ready bottled.

There is a moderate demand for sterilized milk, which is sold chiefly by the small grocers' shops in sealed bottles.

There were 24 registered milk retailers in the district at 31/12/54.

373 visits have been made for the purpose of inspecting food shops and it was found necessary to condemn the following articles of food :—

Corned beef ...	...	47 lbs.	Blown tins
Pressed brisket	...	16 lbs.	„ „
Ox tongue ...	...	14 lbs.	„ „
English beef ...	...	176 lbs.	Bone taint
Flaked rice ...	...	11 lbs.	Mice contamination
Prunes ...	...	27 lbs.	Mould growth
Lentils ...	...	3 lbs.	„ „

During the year the bye-laws relating to the handling, wrapping and delivery of food have been enforced where necessary. The use of newsprint as wrapping in a few food shops still continues and is to be deprecated. Almost all the lock-up shops now possess a constant supply of hot and cold water laid over a sink from a gas geyser and where these have not been provided the proprietors are being asked to provide them and it is hoped that before long all shops will be adequately provided with hot water from geysers.

Bakehouses.

63 inspections were made of the bakehouses in the district and only a few defects were noted. Generally these were made good on verbal intimation to the owner and in no case was it necessary for any legal action to be taken. There are 8 bakehouses in the district and all are in good condition.

Ice Cream.

There are no ice cream manufacturers in the area and all ice cream sold by the shops is prepacked and of well-known proprietary brands as almost all the smaller firms have now been taken over by the firms of national repute.

Lollipops are sold in very large quantities by almost all the shops registered for the sale of ice cream.

40 shops are registered for the sale of Ice Cream under the Food & Drugs Act, 1938.

Sale of ice cream from vans is now very limited and the firms still doing this are using vans which have been specially built for the purpose and in almost all cases washing facilities have been provided for the use of the driver.

Offensive Trades.

No offensive trade is carried on in the district. Fat melting and extracting is carried on on a small scale at the Bacon Factory and at a local Kitchen Waste processing plant but hardly on such a scale as to class as a trade.

The Kitchen Waste plant gave rise to considerable nuisance at one time during the year when lack of sale for the waste caused it to have to be stored. This difficulty was temporary and has now been overcome. No complaints have since been received respecting this plant.

The Knacker's Yard at Kirkhamgate is in good structural condition and the owners keep the place in a satisfactorily clean condition. Business at the yard has lessened greatly during the past few years and almost all the animals now taken there are those which have died at local farms. 12 visits were made to the yard during the year.

Fish and Chip Shops.

Although no longer an offensive trade these shops were visited regularly and during the year 40 visits were made. Generally speaking there is a good class of shop in the area. More shops are turning over to gas frying in preference to coal, which is improving the cleanliness of the shops concerned. There are 26 registered under the Food and Drugs Act, 1938.

Factories and Workshops.

93 visits were made to factories and workshops in the district and generally speaking the premises were found to be satisfactory. No notice was received from H.M. Inspector of Factories in respect of any default found by his department and the only major complaint was respecting provision of satisfactory escape facilities at one of the larger factories. This work is in hand and will be completed early in 1955.

The number of premises on the register at the end of the year was 31 with mechanical power, and 22 without mechanical power.

Smoke Abatement.

Smoke from industrial chimneys in the district is limited to that from two colliery chimneys, three brickworks chimneys and a small number of small factory chimneys. As in previous years the main sources of complaint are the two colliery chimneys and at Parkhill Colliery there has been a definite worsening of the position. I am advised that this complaint

should be remedied by large scale electrification which is to take place in 1955. In the case of Lofthouse Colliery however there appears to be little hope of any early improvement.

All new Council houses have at least one of the fireplaces installed in them of an approved type for use of smokeless fuel. I am afraid that in an area of this type however, unless there is a large scale education in the use of smokeless fuel or compulsory powers made for its use, bituminous coal will continue to be the fuel used in almost all domestic buildings in the area, with consequent production of smoke.

In addition to new houses it is found that quite a number of owners and tenants are now taking out the older type of Yorkshire Range and installing the more modern type of range similar to those being installed in Council houses.

The Miners' Hostel chimney at Stanley has given rise to complaints from tenants in the neighbouring residential property. Low grade fuel coupled with the low elevation of the chimney appears to be the trouble at this place and if it is going to continue to be used upon the present scale for any number of years it will be necessary for some alteration to be made in the grade of fuel if conditions in the houses are to be made tolerable.

During the year 25 observations were taken of various chimneys and 9 gave readings of smoke emission for periods exceeding three minutes in thirty.

Colliery Tips.

Three tips in the area show signs of active fire but all these are at the stage when there is no real nuisance being caused. There is one tip at Lofthouse Colliery which has now burnt itself out and a second smaller one which is almost burnt out. At Parkhill Colliery the one near the Colliery shaft has almost burnt itself out but a larger tip situated near to the Newlands Colliery is just showing signs of fire and may prove to be a problem in later years.

The new tip for Lofthouse Colliery which is in the Rothwell U.D. area has continued to burn but its condition has been improved by the regular use of a bulldozer to level off the stack as it proceeds. This tip is a very large one and has proved to be a nuisance to the Stanley Urban District residents on many occasions even when the water spraying system was being maintained by the National Coal Board.

Housing.

A considerable amount of time has been paid to general housing inspections and all complaints from tenants have received early attention. As in past years a considerable amount of repair work has been obtained to many houses but it is becoming increasingly difficult to get even the more essential repairs done to the older type of cottage property, which is, in many cases, obviously fit only for condemnation.

With the Housing Repairs and Rents Act, 1954, it was suggested that it would be easier to get repair work done but the result in this district has been poor and only odd owners have applied the rent increase section. During the period August 1st to December 31st there was one application for a Certificate of Disrepair which was granted. To date no application has been made by any owner for the revocation of a certificate.

The West Riding County Council (General Powers) Act has provided more expeditious methods to deal with certain types of urgent defects than were available under the Public Health Act, 1936 and has proved to be a great help in enforcing the carrying out of urgent repairs.

27 houses have been dealt with under Section 11 of the Housing Act, 1936, but this is only touching on the fringe of the problem. An increasing number of owners are now prepared and glad to give undertakings that they will not re-let houses and demolish them should the present tenants be rehoused and in many cases these offers have been taken advantage of.

The Housing Survey as required by the Housing Repairs and Rents Act, 1954, has been started and the full report should be available early in 1955. The survey is not of a house to house type but is based upon knowledge of the external appearance of the various properties in the district. One problem as in other West Riding Areas would appear to be which will be the best method of dealing with many of the back-to-back houses which are of reasonable if not very good construction, with a good life still in them.

68 Council houses were completed during the year, 24 of these were let to overcrowded families, 10 to tenants of condemned houses, 1 to a special case, and 33 to persons in lodgings.

There is still an acute shortage of housing accommodation in parts of the area, in addition to the families needing houses because of bad housing accommodation, this being shown by the Council house application list which shows some 162 applicants who are in lodgings and have never had a proper home of their own.

Interviews with many of the Council house tenancy applicants have revealed that the high rents of new houses are causing many families of the lower income groups to either withdraw their applications or ask for a re-let of a pre-war house.

Many people living in the later type post war houses also seek exchanges into the pre-war lesser rented houses.

Greater use is now being made by owners of the improvement grant schemes available under the Housing Act, 1949, and during the year five grants were made by the Council and the only refusal was due to the age and probable short life of the property applied for.

Overcrowding.

Figures of Families overcrowded are not actually available but houses known to be housing more than the legally permitted number of persons, at the end of the year numbered nineteen.

The standard of overcrowding which has been adopted by the Council for their points scheme for rehousing is similar to that laid down in Section 136, Housing Act, 1936, and is based on bedroom accommodation rather than total room accommodation. On this standard the lists show that 80 applicants for Council houses, not including persons living in lodgings, were living in conditions considered to constitute overcrowding.

Privy Conversions.

Gradual replacement of privies in the area has continued during the year and a further 4 have been converted to W.C's during this time.

In addition to these, two waste water closets have also been converted to fresh water closets and it is hoped that before long all the remaining closets of this type will be converted.

The privy conversion plan is now almost completed as the majority of privies left either serve property fit only for condemnation, or have not a sufficient water supply or sewer available.

In addition to conveniences in use as shown in the table there are 14 pail closets.

No. and Type of Closet			No. and Type of Ashpits				Cess-pools emptied by Sanitary Staff
Privies to convert in all parts of the District	Water Carriage System						
	Fresh Water	Waste Water or Hand Flushed	Total No. of Ashpits of all kinds	Privy Ashpits	Dry Ashpits	Bins	
68	4,973	10	44	34	10	5,064	16

Cesspools.

The 16 cesspools and all the road gullies in the district are cleansed regularly by means of the Council's own 750 gallon mechanical gully and cesspool emptier. The work is carried out satisfactorily and hygienically and by loaning out the machine to the West Riding County Council, Horbury U.D.C., and Ossett M.B.C., the service is provided for our own district very economically.

The cesspool at Lindale Farm is in very poor condition and is being overloaded due to the coupling into it of new W.C's and bathrooms installed in property it serves. The cesspool was only meant in the first place to serve the sink wastes to these houses and it will be necessary in the near future to consider either the installation of a small disposal plant or pumping plant to one of the sewers of the district. This latter method would be by far the better if it was possible to provide some housing development in this part of the district so as to make it an economical proposition.

Sewers in various parts of the district are flushed regularly with the gully/cesspool emptier. The flushing is necessary due to varying degrees of back fall in these sewers caused by mining subsidence. It is obvious that sooner or later relaying of these sections will be necessary as they do at times lead to considerable nuisance to properties draining into them.

Water Supply.

All occupied premises in the district are on town's water which is bought from Wakefield Corporation. Low pressure and poor supply is experienced in various parts of the district and it will be necessary for many old mains to be renewed before many more years. Results of samples of water are

received regularly from Wakefield Corporation, all of which show the water to be of satisfactory quality and the only complaints during the year have been of over chlorination.

Tents and Caravans.

The use of caravans as dwellings has diminished during the year and only two caravans are now used in the district as permanent dwellings. One of the public houses utilises a field at the rear as a site for travelling salesmen at various times of the year. The use of this site is limited to four families at any time and a proper water supply and sanitary accommodation are provided and maintained.

The site is not licensed and has been used in this way for a number of years and unless fairly strict supervision is maintained by regular visits, nuisance is often caused to the occupiers of adjoining property.

Disinfection.

The Disinfection of infected premises is done by means of formalin lamps and spray.

Number of Disinfections	8
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Verminous Premises.

Liquid insecticide has been the only material used at premises infested with bugs, fleas, etc., and has given very good results. As in the past few years the number of premises found to be verminous has been low which is due in no small part to the better standard of living being enjoyed and the fact that less low quality second hand furniture is being bought by people who years ago could not afford the type of furniture they now buy.

Prior to removal to Council houses all tenants' old houses are inspected and spraying carried out only if necessary.

Gammexane dust has been used with success against cockroaches. Periodic spraying of the tips infested with crickets has again been necessary although the very wet summer experienced has tended to keep the nuisance from these insects at a minimum.

The work previously carried out by the rodent operator has been carried out by other members of the staff as necessary. Infestations where found have been on a small scale and chiefly at premises where livestock such as pigs, etc., are being kept. The refuse tips and sewage works are poison baited regularly.

Urinals.

The two public urinals in the district have been regularly cleansed but as in the past they have been subject to much abuse by members of the public. Lighting has been installed in the one at Outwood but difficulties with the Y.E.B. respecting cable right of way will have to be cleared up before the one at Stanley can be properly lighted. No new ones have been constructed during the year but the problem will have to be faced as more and more public houses place the ones provided for the public houses inside the main buildings.

Cleansing and Salvage.

This service is carried out by direct labour and during the year there was a great deal of sickness, and this, along with exceptional wet weather and snow did not allow the normal 7—8 day intervals of collection to be maintained. The collections were however kept to reasonable limits and very few complaints were received from members of the public.

The vehicles employed in the department are two Karrier Bantams, one S & D Fore and Aft Tipping Freighter, and one "pick-up van" which is also used in other departments.

Early in the year the S & D Freighter was involved in an accident on the tip when it went over on to its side and sustained damage to the chassis which meant that it had to go back to the works for overhaul. Since then this vehicle has proved its worth from the economical and public health point of view. It is hoped that all future replacements of vehicles will be powered with diesel engines.

Two tip fires occurred during the year, one at Jerry Clay Lane tip and one at Ferry Lane tip, both of which were started by youths. Owing to the nature of the Ferry Lane tip this has not been tipped on since the portion which fired was levelled out by a bulldozer. Considerable expense was incurred in controlling these fires as well as inconvenience caused by alteration of tipping arrangements.

Present tips in the district are at Bottomboat, Lee Moor and Jerry Clay Lane, the one at Lime Pit Lane where land was being reclaimed now being completed. All these are controlled tips and are in good condition.

Salvage has again shown itself to be an essential and important part of the department from an economical point of view. During the year the price of paper was £6 10s. and

£7 per ton, and collections have been restricted owing to inadequacy of staff for baling purposes but I am confident that if this difficulty could be overcome then collections could be increased to recover up to 15 tons per month as compared with the present average of approximately 7 tons.

£761 was realised by the sale of salvage materials, made up as follows :—Paper £571. Metal and Rags £190.

The bonus scheme adopted by the Council some years ago has continued and £98 has been paid out as bonus to the workmen.

The bin provision scheme has completed its third full year and during this year 260 new bins have been provided. Prices of dustbins have again risen and there appears to be little hope of them becoming any cheaper. $2\frac{1}{2}$ and $3\frac{1}{4}$ cu. ft. bins are being used and galvanised types are again readily available.

Petroleum Spirit Stores.

There are 18 premises registered with the Council for the storage of petrol in quantities ranging from 100 gallons to 4,000 gallons.

Regular visits are made to the premises to see that the regulations and safety precautions are being carried out.

Miscellaneous Table.

Letters sent out—General	...	...	3429
Informal notices—Housing	...	...	650
Legal notices—Abatement of Nuisances	...	...	5

I remain, Gentlemen,

Your obedient servant,

D. WALKER.

